



DRIVER EXPERIENCE AND QUALIFICATIONS

Driver Name: _____ Date: _____

(Please Print)

LIST BELOW ALL STATES IN WHICH YOU HAVE HELD A DRIVER'S LICENSE IN THE PAST THREE YEARS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If you answered yes to either A or B above, please attach a statement with details.

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH – SCHOOL BUS				
OTHER				

List states operated in for last five years: _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU BEEN INVOLVED IN AN ACCIDENT IN THE PAST THREE YEARS? YES: ____ NO: ____ IF YES, YOU MUST CHECK BOX NINE (9) UNDER SECTION III OF RELEASE OF MOTOR VEHICLE RECORDS FORM.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Etc)	FATALITIES	INJURIES

(ATTACH SHEET IF MORE SPACE IS NEEDED)